

HE UNITED STATES PATENT AND TRADEMARK OFFICE

In re F	Patent Application of	MAIL STOP AMENDMENT						
Satosl	ni Wada et al.	Group Art Unit: 3772						
Applic	ation No.: 10/618,964)	Examiner: BRANDON LEE JACKSON						
Filing	Date: July 15, 2003)	Confirmation No.: 5917						
Title:	HEMOSTATIC DEVICE)	·						
) 							
)							
·								
AMENDMENT/REPLY TRANSMITTAL LETTER								
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
Sir:								
Enclos	sed is a reply for the above-identified patent	application.						
	A Petition for Extension of Time is enclosed.							
	Terminal Disclaimer(s) and the \$\Bigcup \$65 \$\Bigcup \$130 fee per Disclaimer due under 37 C.F.R. \§ 1.20(d) are enclosed.							
	Also enclosed is/are:							
	Small entity status is hereby claimed.							
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\sum \\$ 395 \$\sum \\$ 790 fee due under 37 C.F.R. \\$ 1.17(e).							
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.							
	Applicant(s) previously submittedcontinued examination is requested.	on for which						
	Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.							

A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

Amendment/Reply Transmittal Letter
Application No. 10/618,964
Attorney's Docket No. 1029650-000142
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Z.	No additional claim fee is required.							
An additional claim fee is required, and is calculated as shown below:								
AMENDED CLAIMS								
-		No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additiona	l Fee	
Total Claims 26		26	28	0	x \$ 50 (1202)	\$		
Independent Claims 4		4	0	x \$ 200 (1201)				
☐ If Amendment adds multiple dependent claims, add \$ 360 (1203)						\$	(
Total Claim Amendment Fee						\$	(
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee								
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT								
	Charge to Deposit Account No. 02-4800 for the fee due. A check in the amount of is enclosed for the fee due. Charge to credit card for the fee due. Form PTO-2038 is attached.							
The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.								
	Respectfully submitted,							
BUCHANAN INGERSOLL & ROONEY PC								
Date	Date June 13, 2007 By: Matthew L. Schneider Registration No. 32814							

P.O. Box 1404

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Alexandria, VA 22313-1404

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In re Patent Application of) MAIL STOP AMENDMENT
Satoshi Wada et al.	Group Art Unit: 3772
Application No.: 10/618,964) Examiner: BRANDON LEE) JACKSON)
Filed: July 15, 2003	
For: HEMOSTATIC DEVICE	Confirmation No.: 5917
)
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AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 13, 2007, please amend the above-identified patent application as follows.